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CONFIRMATION NO. 7525

SERIAL NUMBER 10/724,010	FILING DATE 11/25/2003  RULE	CLASS 623	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 6700-0005.21 CI01- U03.US3
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## APPLICANTS

Aaron Berez, Menlo Park, CA;

Wolfgang Fitz, Natick, MA;  
 Philipp Lang, Lexington, MA; Daniel Steines, Palo Alto, CA;  
 Konstantinos Tsougarakis, Mountain View, CA;  
 Rene Vargas-Voracek, Sunnyvale, CA;  
 Cecily Anne Snyder, East Falmouth, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/305,652 11/27/2002  
 which is a CIP of 10/160,667 05/28/2002 ABN  
 which claims benefit of 60/293,488 05/25/2001  
 and claims benefit of 60/363,527 03/12/2002  
 and claims benefit of 60/380,695 05/14/2002  
 and claims benefit of 60/380,692 05/14/2002

yes, PPH

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

no, PPH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 33	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>P. Ph</i>	Initials		

## ADDRESS

45081  
 CONFOR MIS, INC.  
 323 VINTAGE PARK DR.,  
 SUITE C  
 FOSTER CITY , CA  
 94404

TITLE

Patient selectable joint arthroplasty devices and surgical tools facilitating increased accuracy, speed and simplicity in performing total and partial joint arthroplasty

<p>FILING FEE  RECEIVED 1212</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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